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# CHRONIC
# SORE THROAT

E. B. SHULDHAM, M.D.

# CHRONIC SORE THROAT.

# *Chronic Sore Throat,*

OR

FOLLICULAR DISEASE OF THE PHARYNX:

ITS LOCAL AND CONSTITUTIONAL TREATMENT.

WITH A SPECIAL CHAPTER ON

## *Hygiene of the Voice.*

BY

E. B. SHULDHAM, M.D. TRIN. COLL. DUBLIN.,
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# PREFACE.

IN presenting the Second Edition of this work to the public, I feel that a slight apology is due.

I have altered the title of my work, and I have taken out a whole chapter.

But my reasons for this procedure are as follows: I considered that the former title, "Clergyman's Sore Throat," was too exclusive. The kind of Sore Throat from which Clergymen are liable to suffer is, after all, the physiological inheritance of numbers of the laity. Therefore I gave my book a fresh title.

The chapter on Elocution I have taken out, because better chapters on this subject have been written and delivered in public by others, notably by Mr. C. J. Plumptre and the Rev. C. A. D'Orsey, in their lectures on Elocution, delivered at King's College. The former has published a most interesting volume on the subject,* and I would advise all those interested in the Reader's Art to study the "King's College

*"King's College Lectures on Elocution," by Charles J. Plumptre. T. J. Allman, 463, Oxford Street, London.

Lectures." They will profit greatly by so doing. Although I have taken out a chapter, yet I have added fresh matter which I trust will be the literary equivalent of all that has been removed. My aim has been to give my work as practical a character as possible, and I have written more for the laity than for the medical profession. This will, I trust, be evident by the importance which I have attached to the health management of the Voice.

ACACIA VILLAS,
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# CHRONIC SORE THROAT.

WHEN a patient seeks medical advice he is generally asked to put out his tongue. This little organ is looked upon as an unfailing index of the patient's state of health. But it is by no means infallible, for some tongues are never clean, those of great smokers being usually foul, and when there is decay of the teeth going on, neither is the tongue clean nor the breath sweet, and *vice versâ*, some patients are very rarely troubled with a furred tongue. The nervous patient belongs to this class.

But how rarely is a patient asked to reveal the recesses of his throat for medical inspection. The truth is that a certain amount of easy routine belongs to tongue seeing and pulse feeling, but it requires an effort on the part of the patient to open his mouth wide, and an effort is also required, by no means superhuman, on the part of the medical man to look clearly down the mysterious passage of the pharynx. A child will often cry when he sees the wrong end of a dessert spoon

coming near his mouth, a hysterical girl will want to take a long breath before showing her throat, and a man with a long beard will be seized with a sudden impulse to stroke his beard, as though it were attached to his gullet, instead of to his chin ; the tongue will get its back up, and the uvula will be tickled, and there will be some attempts at retching when the spoon or tongue depressor is introduced into the mouth, and rests on the base of the tongue. All this takes time and causes a certain amount of worry on both sides, but as her energetic sister-in-law said to Mrs. Dombey on her death bed, "an effort is all that is required."

The information which is gained by taking a good look at the back of the throat repays the effort.

The tongue is not invariably to be depended on, but the throat is a sure guide to the enquiring practitioner.

If we only consider for a moment its relation to other parts, we shall wonder that so little attention has been paid to it either by patient or practitioner. Let us just glance inside the open mouth of the first person who comes to us for advice, and what may we see? We need take but slight note of the tongue and the teeth. We then see at the end of the hard palate some muscles, which hang in double arch from this bony vault, and which hold in their centre another little muscle, which looks

like a tassel to a curtain. The arched muscles constitute the soft palate, the tassel is the uvula. Now this soft palate is a kind of double curtain, which divides the front cavity of the mouth from the gullet, and the posterior nares or back of the nose. Look on each side of the mouth, and we shall see embedded between the folds of the soft palate two little almond shaped bodies, these are the tonsils.

Look once more when the patient has been allowed the luxury of a fresh breath-taking, and this time look straight ahead, and the eye will rest on the posterior wall of the upper part of the pharynx. This has a surface of mucous membrane and small glands, and a ground work of muscles, blood vessels, nerves and connective tissue. It is a sufficiently important structure, and its machinery is as delicate as it is important. No wonder then that when this structure gets out of order, the patient has a good deal to suffer, and a good deal to talk about.

The surface of the pharynx should be soft, moist, pliant; there should be a delicate blush about it, like the blush of health, and there should be a firm look about it also, as though the muscles were in good order; and, thirdly, it should not be too sensitive to the touch, showing that the nervous power is rightly balanced, and the mucous membrane uninjured, so that when we consider for a moment what a variety of interests are at stake

in the human pharynx, we need not be surprised that it should be one of the first structures to suffer, and also one of the first to give visible signs of its suffering.

Dr. E. T. Blake very aptly calls the human pharynx "the semaphore of the chest;" for as he says, "few chronic changes of this pulmonary apparatus are unaccompanied by characteristic modifications of the pharyngeal mucosa. Thus, strumous pleurisy shows an engorged state of the pharyngeal acini. In tubercular phthisis they burst and ulcerate. In emphysema they enlarge, and their efferent vessels become varicose, and so on."

We can also readily understand that in voice production the muscles require to be well-braced up, and the mucous membrane well protected. Singers and speakers therefore must keep their bodies in robust health, and must protect the throat against the action of cold.

A singer in weak health can only produce indifferent tone, and is more liable to throat fatigue and throat inflammation when the health standard is lowered.

Having had a good look at the pharynx, and having considered its relationship to surrounding structures, we cannot be surprised to hear that its health conditions are in great part those of the digestive and respiratory tracts. Let the stomach become disordered, and we shall see reflected in the

pharynx some of the irritation which exists a few inches lower down.

Let bronchitis or emphysema distress a patient, and we shall see some corresponding trouble in the pharynx and soft palate.

Let any serious constitutional disease lay hold of a patient, say, tubercle, gout, struma, or syphilis, and where shall we see clearer signs of its influence than in the soft palate, the tonsils, the pharynx? and in the case of syphilis in the hard palate also?

Notice the hollowed out pale-looking cavern of a throat which tubercle has attacked.

Look at the angry fire of syphilis, and take note of the muddy, mottled, congested appearance of gout.

Having pointed out the importance of examining a patient's throat, I will come without further preamble to the subject I propose to treat. This is chronic sore throat, sometimes called follicular disease of the throat, sometimes granular disease of the throat, and sometimes clergyman's sore throat.

In the first edition of this work, I chose the last named title, adding for professional readers the term follicular disease of the pharynx. So far, chronic sore throat conveys my meaning to the lay reader, and for my professional one I still adhere to the term follicular disease of the pharynx. Now, undoubtedly there are two stages to this

affection, but it is to my mind only a question of degree. The first stage is that which Stoerck calls "chronic catarrh of the pharynx," and the second stage is his "granular pharyngitis," a title which he thinks incorrect and badly chosen. "Of this complaint," he says, there have been many mistaken notions, and these have been believed in." Let us be charitable, however. This misfortune has overtaken many other matters, besides granular pharyngitis.

What then shall we expect to find in a case of chronic catarrh of the pharynx, and what should be observed in a case of follicular or granular pharyngitis?

I say, again, it is only a question of degree, and of constitutional peculiarity.

The part affected is the mucous membrane which lines the back wall of the pharynx, the arches of the palate, the uvula, and according to the severity of the symptoms and their duration, we shall see that the inflammation extends low down the gullet on one side, or back to the posterior nares on the other.

The larynx is rarely attacked in these cases of follicular disease of the throat; it is an affection whose seat is in the mucous membrane lining the naso-pharyngeal tract.

This shows us the importance of the part played by the pharynx in voice production, for though the vocal cords may be in perfect health and the lungs

quite sound, yet a singer who is suffering from pharyngeal weakness may be unable to produce pure tone or to use any sustained vocal effort.

What, then, is the very beginning of all this trouble, which takes away the pure metallic ring from a singer's voice and which makes a speaker husky and inaudible?

The very beginning is, in most cases, a constitutional weakness. Gout, rheumatism, or struma, have a good deal to say in the matter. The mucous membrane of the pharynx is always tender in rheumatic or strumous subjects. Given, therefore, an irritable pharynx, we see how easy are the steps which lead from mere weakness of mucous membrane to alterations of structure and disease.

Let us take a case of cold, which has attacked a singer's throat; let the singer have a rheumatic diathesis, and let him resume his professional work before his voice has regained its health condition, and what is the consequence?

A chronic catarrh of the throat, which leads to follicular disease of the pharynx.

I will now enumerate the commonest forms of chronic sore throat.

Firstly—The sore throat, which is the result of a kind of erythematous inflammation of the pharynx, brought on by one cold, and kept up by half a dozen others following in its track.

Secondly—That form which is developed by acute catarrh, but kept up by mechanical irritation,

*e.g.*, faulty voice production, tobacco smoke or alcohol.

Thirdly—That form of follicular weakness which is kept up by fresh cold catching, by mechanical and chemical irritants, but which has a constitutional basis in the shape of scrofula, gout, or syphilis.

And fourthly—There is that form of chronic sore throat which, as Dr. E. T. Blake has clearly pointed out, is due to sewage poisoning. This kind of throat is most intractable to treatment, but yields immediately to the happy influence of fresh, pure air, and removal of the poisonous cause, bad drainage.

But though I have spoken of the influence of cold in bringing about this affection, yet, for all this, mechanical causes, in the shape of faulty voice production, will irritate the mucous membrane of the throat, without the singer or speaker having caught one single cold. This must always be kept in mind by both the patient and the practitioner, and then the villainous climate of England may be offered as an apology for throat-weakness, but the apology need not be accepted. What a haven of refuge for some singers is the English climate—it was manufactured expressly for the weak ones.

The symptoms of this affection are dryness and heat of the throat, without actual pain or difficulty in swallowing solids, but alcoholic stimulants and food spiced with cayenne give pain; a constant

desire to clear the throat of phlegm, little clearance really being made; only slight cough, and this more often in the morning on first rising, and after using the voice, the phlegm which is brought up being small in quantity, tough, sticky, and gummy in character, and mixed with the saliva. When pressure is made on the windpipe, there is no tenderness, as so often exists in tubercular disease.

In the first stage of the disease, the voice is altered in character; it lacks clearness and musical quality. As the disease progresses the voice becomes husky and weak, sometimes it is reduced to a whisper, or it is lost altogether. On first waking in the morning, it is huskier as a rule than towards midday, and there is greater desire to clear the throat of phlegm. Towards evening also the voice becomes hoarser and fails in power, especially if the patient has been using it incautiously, either in reading or speaking: as to singing in an advanced stage of this complaint, it is simply out of the question. There is also frequent desire to swallow, but the mere act of swallowing saliva causes no pain.

If we examine the patient's throat, we shall see that the mucous membrane at the back of the throat is red and irritable, that there is a look of venous congestion about the pharynx, and that the glands are enlarged and raised above the surface. In some cases we shall note that there is

a dry, glazed, shining look about the throat, as though a good douching of soft warm water would be of service, and here and there we shall see bits of sticky phlegm hanging like burs to the poor pharynx, which now and then makes efforts to shake them off. As disease advances, we have a purulent discharge, mixed up with the sticky burs of phlegm. The phlegm is sometimes streaked with blood.

In advanced cases, Stoerck says that there is actually a thinning of the epithelial cells which cover the pharyngeal mucous membrane. This causes exposure of the nerve twigs, and, as a natural consequence, we get the excessive irritability which is so characteristic of this affection.

This will explain why spiced foods, hot soups, fiery wines and cigarettes aggravate the patients' symptoms to such an unpleasant degree. This also explains, in great measure, the train of nervous symptoms which are rarely absent in long standing cases of follicular disease of the throat.

This explains clearly why a relaxed uvula so readily tickles a pharynx stripped of its protecting membrane, causing that terrible cough which brings no relief, but only splits the head of the patient, and drives the doctor to distraction.

The health is rarely if ever affected in the first stage of the disease, and for this reason little attention is paid to the throat; but when the symptoms increase in severity and obstinacy, there

is great languor and mental depression, loss of appetite and loss of sleep.

We often find, as complications of this disease, a relaxed uvula, and sometimes enlarged tonsils; in this case cough is sure to come and increase the existing trouble. We may also have associated with it an emphysematous condition of the lungs or chronic bronchitis. Should the inflammation extend upwards and backwards to the nostrils, we have the additional symptoms of a constant cold in the head, or post-nasal catarrh.

In women who suffer from follicular disease of the pharynx, there is often co-existent congestion of the pelvic viscera, uterine disturbance, and very commonly liver derangement and piles.

On looking into the throats of those who suffer from this disease of the follicles, we shall always find a certain amount of venous congestion; this condition is not unlikely to repeat itself in other organs distant from the throat. Hence we shall meet with piles, portal congestion, uterine congestion, and varicose veins; we must, therefore, be prepared to treat the whole constitutional diathesis as well as the local affection.

The local affection has, in many cases, been brought on and developed by cold acting on a mucous surface in patients who have not always learnt the artistic management of their voice; but, underlying all the disorder of voice machinery, there is the inherited constitutional weakness, which

makes these patients more ready to suffer from throat irritation, and also to make this irritation a chronic disease.

I must not omit to state that though we have to deal with a chronic sore throat in most cases of follicular disease of the pharynx, and that, therefore, this implies the existence of a long-standing trouble, yet, from my own personal experience, I am convinced that the early symptoms of this affection come on very rapidly.

The symptoms to which I refer are congestion of the mucous membrane of the pharynx and swelling of its follicles.

The first stage may be developed by cold, by an attack of indigestion, by tobacco smoking, by a chill, which attacks the whole body, by straining the voice.

This condition, if recognised early, can be soon remedied by suitable local treatment, and by a few doses of the appropriate medicine.

I have often suffered from this first stage of pharyngeal weakness, I have seen it in the case of members of my own household, and by prompt action I have succeeded in quickly putting the throat into a condition of health.

And I must note the fact, that it is by no means necessary to breathe cold air to ensure an attack of pharyngeal catarrh.

I have been sufficiently chilled by sitting in a dull, sunless, cheerless consulting room to shew me

the fallacy of believing that breathing cold air is the only way of getting a sore throat.

The truth is, this too much dreaded cold air breathing is one of the least frequent causes of pharyngeal catarrh.

A chill more often follows nerve weakness than any other condition; by nerve weakness, I mean lowered life power.

We are all too fearful of breathing a few mouthfuls of cold air; it is not the cold air alone which sets up throat inflammation, but half-a-dozen other conditions—the rheumatic disposition, a disordered stomach, or a weakened nervous system. With these conditions present, a singer may catch cold easily, if thinly clad, by going from a warm room to a cold outer air, not by a few breaths of cold air meeting the throat, but by allowing the whole surface of the body to become chilled.

I am dwelling a little on this topic because most people wrap up their throats carefully, but forget to keep the body warm. For my part, I prefer to have a thick warm overcoat round my body, and a thin light handkerchief round my throat, on leaving a heated theatre or concert room. In the case of a singer or speaker, a chill fastens on the throat simply because this part of the body has just been powerfully exercised, and is in a state of congestion.

I will now enumerate the causes of follicular disease of the throat. In the case of singers and

speakers, it is due to faulty voice production, undue strain of the voice, the action of cold air on the pharynx when the body is heated and the vocal apparatus fatigued, professional use of the voice during the progress of throat irritation, and the effect of irritating vapours on the throat. Sir G. Gibb states that he has met with a good many cases of this affection "in a very exaggerated form in photographers, and in persons much exposed to the fumes of acrid chemicals in confined chambers." Weakness of the throat brought on by an attack of scarlet fever, small pox, measles, influenza, quinsy, diphtheria, and, as a predisposing cause, we have the constitutional tendency to throat affections, which we think is very marked in both the gouty and strumous habit; follicular disease of the throat being common in strumous children and gouty adults.

Chronic dyspepsia and chronic intemperance are also exciting causes, which must never be lost sight of, and with the morning's clearing of the throat there is often associated nausea and vomiting. Excessive tobacco smoking will also help to bring on this affection and keep up the throat irritation.

Two other causes of follicular pharyngitis may be mentioned. One is swelling of the tonsils, which too often obliges the patient to breathe with the mouth open, and by this means the mucous membrane of the pharynx gets dried and irritated. The other is a thickening and chronic inflammation

of the mucous membrane of the nostrils, which also obliges the patient to take breath by the mouth, instead of by the nose. Nasal polypus must not be lost sight of, as a rare but undoubted cause of follicular catarrh.

I was treating three patients at the same time last year for nasal polypus, and in all three I found irritation of the pharynx co-existing with a certain amount of post-nasal catarrh. In the case of swollen tonsils, there is always a certain amount of pharyngeal inflammation, for not only do our patients take breath by the mouth, but there is also a strumous or rheumatic constitution to deal with, and the constitutional causes of throat disease must be ever present to the mind of the successful practitioner.

We must not lose sight of this fact, that in our present artificial mode of living, dwellers in towns, who breathe a gaseous atmosphere in the evening, are far more liable to attacks of follicular inflammation of the throat than dwellers in the country.

Artisans, shop assistants of every class, and all who work in a gaseous atmosphere are especially liable to throat weakness.

I would also mention the fact, that with regard to the age of patients suffering from follicular disease of the throat, a patient is never too young, nor yet too old, for this condition of affairs.

I have met with follicular inflammation in a child of five, and in a man of seventy-eight.

In the child's case the symptoms were developed by faulty voice production, the little fellow used to scream at the top of his voice on all possible occasions. He inherited a weak throat from his father, and by dint of ill-directed vocal efforts his inheritance became pathological. He had not "snatched a grace beyond the reach of art," for I cured him.

The other case was that of a gentleman, who had lived some years in India, and who had the gouty diathesis. He was treated for chronic bronchitis (?) the winter before last, and wished me to believe that he was suffering from a similar affection when he asked for my advice. I looked at his throat and found a relaxed and very large uvula, also follicular disease of the pharynx.

Local treatment combined with constitutional remedies worked a marvellous change in this case of so-called chronic bronchitis. Why do medical men refuse to call things by their right names? or at any rate why do they shut their eyes to the fact that chronic bronchitis is not the only cause of cough in old people?

The more I see of voice weakness in patients otherwise fairly healthy, the more convinced I am that this weakness results from an inflamed state of the pharynx, and not from any laryngeal disease. It is a pleasure to find such an accurate

observer as Dr. E. T. Blake coming to a similar conclusion. In his paper on "The mucosa of the Pharynx," which appeared in No. 146 of the *British Journal of Homœopathy*, he says, "The vocal changes in these cases (that is, of follicular disease), are probably much more frequently reflex than we are apt to imagine. Those who employ the laryngoscope are at first astonished to find the larynx often to all appearance sound, even in sustained cases of aphonia. This is not difficult to understand, when we remember how hard it is to vocalise with a dry mouth, witness the effects of fear, which arrests the flow of saliva, and at the same time impairs vocalisation. Compare, too, the well-known instance of the American body of cavalry who, losing their way in the Prairie, passed many days without water. These men found that they could not speak to each other, because of the dryness of their tongues, on which sugar lay without melting. A dry state of the pharynx abolishes the voice; this is a simple experiment, with which military officers are well acquainted on a dusty field-day: it is one which we may all try for ourselves. Thus we see that the dysphonia or the aphonia of clergymen, may spring from a diseased pharynx, the larynx being at the time quite intact. The fact is the amount of pharyngeal dryness, not the amount of laryngeal complication, is found to be the measure of voice impairment. Even the converse of this holds good. We may

have extensive organic disease of the larynx, producing much less dysphonia than an enlarged tonsil or a syphilitic soft palate."

The treatment resolves itself into—(1) Local; (2) Constitutional; and (3) Elocutionary.

For the local treatment, inhalation of various medicated sprays, plain salt and water, or glycerine and water, hepar sulphuris, sulphur, kali bichromicum, phytolacca, hydrastis or iodine in water, will be found of service. As dryness of the throat is a constant and most troublesome symptom, sucking quietly and slowly simple glycerine jujubes is comforting to many patients. Dr. E. T. Blake, advises touching the pharyngeal mucous membrane with a strong solution of carbolized glycerine, as he finds it productive of good results. From my own experience I find a weak solution answers best, and prefer calendulated glycerine to that which has been medicated with carbolic acid.

The time-honoured application of a strong solution of nitrate of silver I condemn; it is far too irritating and never followed by permanently good results. I believe that at the special hospitals for diseases of the throat the nitrate of silver treatment has been quietly put upon the shelf, the bottles getting very dusty from disuse. Though Dr. Horace Green, of New York, was the first to point out clearly the character of this follicular disease of the throat, and therefore we owe him a debt of gratitude, yet we cannot follow him in his treat-

ment of swabbing the throat with strong solutions of nitrate of silver. All honour is still due to his early perception of this tedious and hitherto obscure affection.

Before leaving the subject of local treatment, a word on lozenges may not be quite out of season. It is impossible to travel far in that wonderland, the advertisement columns, without coming across some short but valuable remarks in favour of a lozenge, troche, or jujube. If the reader wishes to read, sing, or speak well, he has simply to buy a box of Miles Doughty's lozenges, regardless of the musical suggestions of a Garcia or a Cummings. Has he a cough or hoarseness of voice, Brown's Bronchial Troche will extinguish the former and render the voice mellifluous. Then we have cayenne lozenges and cayenne jujubes, that sting the throat and bite the tongue, making us ask, amidst our medicated flames, for a finger tip of cold water. Besides these we have astringent lozenges with tannin and alum as ingredients, which make the tongue rough, and which dry up the throat, making those who have tasted them think that they had been out in the woods and picknicked on very old and very dry acorns. Can these be useful to an already parched up throat? Orthodox empiricism says "Yes," enlightened heresy says "No." A wavering public sees the virtues of tannin advertised, buys a box of these acorn lozenges and in ten minutes also says, "No." We have fruit

lozenges, and fruit jujubes, plain and crystallized, without cayenne, very nice as sweetmeats, and very soothing to the throat besides.

For my own part, I feel sure that for follicular disease of the throat, the milder the lozenge or jujube the more beneficial is the result; a plain glycerine jujube or gum arabic lozenge answers all purposes of moistening the throat without medicating it. The drug treatment is a more complicated affair, and not to be taken up in a casual way like a sweetmeat. It is barely necessary to add that ipecacuanha lozenges, if used at all, should only be given in cases of loose bronchial cough, and not where we have a relaxed or clergyman's sore throat to deal with. The disastrous result of a surfeit of these lozenges has been prettily told in some old verses that point a medical moral. They run thus :—

"Sighing in a shady grove
With my Juliana,
Lozenges I gave my love,
Ipecacuanha.'

"Full twenty from the lozenge box
The imprudent nymph did pick;
Then very gently sighing, said,
'My Damon, I am sick.'"

Does not this take us sweetly back to the time of our grandmothers and great grandmothers? Now-a-days no one has a lozenge box made of some fine polished stone and rimmed with gold,

such as our grandmothers used to carry with them to church, good souls. We buy a shilling's worth in a pasteboard box, which breaks on the first exploration, or in a tin box which cuts our fingers and makes us get hot in the face, but polished stones and gold rims are gone for ever. No, not quite gone, for they nestle in snug corners of the bric-à-brac shops.

To sum up on the lozenge question, I would say to those who suffer from follicular disease of the throat—avoid astringents and forswear cayenne. The mildest lozenge is the best. Currant jelly is better than most lozenges, and far nicer if taken with discretion.

For constitutional treatment, I have found that those drugs named for use in inhalation will be of great service when taken internally.

*Kali Bichromicum* stands at the head of the list, presenting us with a close picture of the disease, the dry, irritable state of the throat, the efforts at bringing up a little phlegm, the scanty amount of phlegm brought up, its sticky, viscid character, and the difficulty of detaching it.

*Hepar Sulphuris* comes to hand when we have cough, and a muco-purulent expectoration to deal with, when the voice is affected, or when the symptoms are increased by change of temperature, either from warm to cold or cold to warm air. If there is a relaxed uvula to complicate the situation, this medicine will be of additional service.

*Mercurius Iodatus* meets the irritable state of the pharynx, and touches the altered state of health that exists in the posterior nostrils. It is indicated when there is great sensitiveness to the impression of cold air.

Dr. Dyce Brown advises the use of *Æsculus Hippocastanum* in this affection, as the pathogenesis of *Æsculus* so closely corresponds with the disease.

*Phytolacca* has been much used and greatly praised in the treatment of diphtheria. In looking at the pathogenesis of this drug, we find some very well marked symptoms that should indicate its use in follicular disease of the pharynx. There is a dry, irritable state of the mucous membrane, there is a constant desire to clear the throat of phlegm, there is a sense of roughness in the pharynx, and great dryness of the throat at bedtime.

It gives me pleasure to mention the experience of my friend Dr. Harper, in reference to this drug. He told me that a clergyman called on him one Friday afternoon, begging for medical relief. The patient had caught a severe cold some days previously, and on the Friday of his visit he had nearly lost his voice. What little voice he had left was as hoarse as the proverbial raven's, and he had an irritable cough. He was engaged to do duty on the Sunday following; he was in despair. What was to be done?

Dr. Harper smiled quietly, and prescribed Phy-

tolacca. The prescription was followed by the best possible results. In twenty-four hours the character of the patient's voice had changed, and on Sunday the clerical duties were performed comfortably, without risk to the voice machinery.

Dr. Harper's smile was one of triumph; he knew he was going to hit the mark.

*Sanguinaria Can.* has a feeling of dryness of the throat, heat in the throat relieved by inspiration of cold air, and a feeling as though the throat were swollen. I can from my own experience verify the proving of heat and dryness in the throat, for I triturated some Blood Root one day, and the light, snuff-like particles that rose in a fine dust from my mortar irritated the back of my pharynx considerably, though I had taken care to keep my mouth shut during the time that I was busy with my pestle and mortar. Any enthusiastic colleague can verify my proving.

*Mercurius Solubilis* has many symptoms that correspond to the chronic trouble of follicular disease. Yet we feel sure that in *Mercurius Iodatus* we have a more perfect picture of the disease, and therefore I have preferred to prescribe it in the cases which have come under my care.

*Lachesis* has a state of venous congestion, a puffed look of the uvula, tonsils and soft palate; it has irritability of the throat, a constant desire to swallow, a feeling of a plug in the throat, and a tenderness of the larynx; but there is not that deep

seated chronic inflammation of the glands of the pharynx, that makes *Kali Bichromicum*, *Mercurius Iodatus*, and *Hepar Sulphuris* come tripping along to our memory. As the *Iodide* of *Mercury* bites deep down to the follicular disease of the pharynx, so should the *Iodide* of *Sulphur* penetrate to the inmost recesses of the gouty or scrofulous constitution.

*Cod-liver Oil* is often of good service in the treatment of this obstinate affection. When there is a strumous or tubercular taint, it will be a great auxiliary to both topical and medicinal treatment. It acts as a local sedative, and it meets those constitutional requirements which struma, gout, or tubercle present to our consideration.

If cod-liver oil should cause dislike for food, it must be discontinued, for, after all, it is only an accessory, and not the "chief nourisher at Life's feast." Let us never be led away with the idea that cod-liver oil will cure every form of chest and throat affection, as some highly coloured advertisements would wish us to believe. Cod-liver oil will fatten some patients, and soothe their poor, irritable throats. Others it will nauseate, and in some cases it will turn acid and irritate the mucous membrane of the bowels, causing indigestion and diarrhœa. In the last-named cases, therefore, it must be prohibited, in spite of advertisement columns, and their songs of doubtful praise.

Cod-liver oil has not altogether the virtues of a

prime piece of tender roast beef, nor of a succulent mutton-chop, nor of a wing of fowl or partridge, nor of good brown bread and butter. It stands alone in its peculiar merits and demerits; and we feel quite sure that the interesting fish which favours us with its oil, has no intention of competing with the butcher, the baker, or the greengrocer. It is a fish of truly benevolent disposition and somewhat gregarious habits, and only enters into serious competition with the milkman and butter merchant. The sphere of its usefulness is to fatten the lean, to warm those that shiver, and to soothe those that incessantly cough. To look upon it as the equivalent of beef, mutton, or bread, is to mistake its properties and misapply its powers.

*Nux Vomica* must find a place in the short list of drugs I have chosen to conquer this tedious affection. It is applicable in those cases where intemperance plays a part in producing irritation of the throat, or where excessive tobacco smoking has dried the pharynx. Moreover, it meets the state of chronic dyspepsia, so often accompanying "Clergyman's Sore Throat." The constipation, the headache, the low spirits, all find a good friend in *Nux Vomica;* and when spasmodic cough is present, this remedy is still more useful.

*Arum triphyllum* is a medicine which I have taken little note of, but a friendly reviewer in the "Organon" pointed out to me its virtues in throat weakness. The provings certainly indicate its use

in pharyngeal irritation, but I cannot make the picture quite fit the frame, for in chronic sore throat we have altered structure, and the *Arum triphyllum* only gives us superficial irritation of acute and temporary character.

It would be very useful, I doubt not, in the first onset of erythematous sore throat, characterized by biting and burning in the throat and local redness, with sudden swelling of the follicles of the pharynx, together with increase of saliva and constant desire to swallow, but it will not penetrate deeply enough to cure the troubles of a long-standing catarrh of the pharynx.

My distinguished colleague, Dr. E. M. Hale, of Chicago, reviewed the first edition of this present work, and he was kind enough to make some suggestions in the way of treatment. These happy thoughts blown across the water are too good to be lost, and I now give them for the benefit of my professional readers. He says in his review :—"I have found very efficacious sprays of Aqua Cubebœ, Tinct. Grindeliœ with Glycerine and water, dilute Nitric Acid and Borax water." He goes on to say that "Dr. Shuldham disapproves of Nitrate of Silver as a local application, but he should qualify his disapproval, for there are some cases where Argent. Nitr. is locally homœopathic, and is very successful when used in very dilute solutions, and given internally."

In answer to Dr. E. M. Hale, I may say that I

do qualify my disapproval of Nitrate of Silver, but I referred to strong solutions of this mineral, and not to those gentle touches of healing which practitioners of the new school of medicine know how to give.

My American colleague thinks highly of Sanguinaria as a local application in follicular disease of the pharynx. He says, "A spray of a very dilute solution of the *Nitrate of Sanguinaria* is one of the most useful applications we can make in the severe form of this disease. One or two grains of the salt to four ounces of water, applied with a steam atomizer, a few minutes twice a day, will cure the worst cases. Even membranous croup often succumbs to its power."

I spoke of Sanguinaria in the list of my constitutional remedies, and I can quite understand, from the irritating effect it had on my own throat, that it has a powerful influence on an inflamed pharynx.

In speaking of my sins of omission, Dr. E. M. Hale says:—"The omission of Cubebs leaves out one of the most efficacious of all local and constitutional remedies. Cubebs stands intermediate between Kali Bich. and Sanguinaria. It has tough, gluey, stringy mucus, dryness and harshness of the throat, &c., forming a good picture of chronic pharyngitis. But the disease is more catarrhal than follicular. We possess no pathogenesis, not even Houett's doubtful one, which gives anything approaching a picture of its effects. I at first used

it empirically, on the recommendation of Italian opera singers, who firmly believe in its good effects on dry throats, or when the throat is obstructed with scanty, tough mucus. It is the habit of many of the best operatic artists to chew the berries just before going on the stage, and their experience is certainly worth something. In some cases where Cubèbs fails, good results will follow the use of Hydrastis, or that elegant preparation, the Muriate of Hydrastis."

Dr. Hale gives us the following interesting experience of the habits of professionals, as he has treated most of the great singers who have visited America. "Madame Lucca always took with her a mixture of strong black tea and claret, equal parts, of which she drank between the acts. She assured me that nothing else gave her throat such comfort. Clara Louisa Kellogg, so careful and temperate in all things, since threatened with *embonpoint*, was once passionately fond of fried turkey's livers and potatoes stewed in cream. She has learned that certain homœopathic remedies will quickly dissipate a threatened hoarseness and soreness of throat. Among the most valued are *Copaiba* 2x *Phos.* 2x, and *Merc.* 2x, first prescribed for her by her New York Physician, Dr. Gray.

"Gottschalk once consulted me for a singular weakness of the voice. He seemed to have lost the power of sustaining the higher notes, and that was all that could be ascertained by inspection or

symptoms. It occurred to me that Dr. ——, of Paris, had recently announced that Coca was a 'great toner of the vocal cords.' I prescribed the tincture in 15-drop doses, and the result was everything the vocalist desired. It seems to possess a power over the nervous supply of the *chordæ vocales* of a valuable and unique character."

This same Coca is the chief ingredient in the *Vin Mariani*, which has some reputation on the Continent as a voice tonic. I tried a bottle of it, and invited a friend of mine, a distinguished singer, to hob-nob with me on this occasion: this medicated wine was too sweet and too heating, according to our ideas of a voice refresher. The Coca lozenges, on the other hand, manufactured by this same firm, were all that could be desired.

At present very little is known as to the action of Coca on the vocal apparatus. Mr. Ross, of the firm of Leath and Ross, told me that he had tried to prove this substance on his own body, and that after taking large doses of the alcoholic tincture, even drachm doses, he obtained negative results, certainly as far as the throat or windpipe were concerned. But he found that an infusion of the freshest leaves he could get at the docks made him feel more active and ready for work.

I tried an alcoholic tincture of this Coca when suffering from a temporary hoarseness brought on by cold, but its effects were not curative and I returned to *Hepar Sulphuris* with advantage.

Some medical men in Paris say such an extremely good word in favour of Coca as a voice medicine, and especially when it appears as *Vin Mariani*, that some notice ought to be taken of it by the English medical world. At present both orthodoxy and heresy have been silent as to its virtues. Let some one try it and speak.

Dr. Hale's experience of Coca is favourable, it is worth another proving.

*Sulphur* as an intercurrent remedy will always find a corner for its acceptance, as it not only meets the local conditions but also the constitutional; for I am more convinced than ever that the constitutional or hereditary element is one of the most powerful factors in the production of disease, one of the most difficult to contend with, one that should never be lost sight of, and if lost sight of, in that interesting love-chase after topical remedies, the disease will never be absolutely cured.

For this reason constitutional remedies should always receive our closest attention. I believe also that in very troublesome cases of follicular disease of the throat, change of air is attended by the best possible results. I am now only speaking of the worst cases. The kind of climate that is most suitable is generally one rather moist, though not absolutely relaxing, and air that blows from the sea is more beneficial, if the situation is not too bleak, than that which comes from in-land.

Climatic influence will also help to keep up the irritation produced by other causes. A raw, cold, damp air, which blows across marsh lands, is most hurtful to those who have once suffered from follicular disease of the pharynx; and, on the other hand, a too relaxing air will not give the throat of a sufferer the comfort which is so anxiously looked for.

Light mountain air, or sea air which is not too keen is, as a rule, most beneficial in cases of relaxed throat.

It is somewhat curious that the milder parts of Surrey are favourable to the production of follicular disease of the pharynx. Dr. E. T. Blake has traced a good many cases to a partially climatic origin.

If the symptoms prove very obstinate to treatment, a mild course of the Harrogate waters will help to touch the constitutional diathesis, especially when there is either a scrofulous or a gouty habit. There are, however, various kinds of Harrogate waters, which need to be carefully distinguished. These waters, therefore, require to be taken with care, and under local medical supervision, as they will often aggravate or re-develop the very symptom we desire to banish. Should the patient be anxious for a more complete change than Harrogate offers, let him cross the Channel, and seek for help in the brine baths of Germany or Switzerland. Those at Nauheim, Kissingen, and Oeynhausen enjoy a great reputation for the cure of these

chronic affections of the throat and windpipe. The hot springs at Nauheim are the warmest (Grosser Sprudel 96° Fah., Friedrich Wilhelm 104° Fah.), and therefore their action is very stimulating, suitable for those who have weak hearts or torpid livers, and for the scrofulous constitution. Both here and in other parts of Germany, where brine baths are resorted to, there are rooms built for the inhalation of carbonic acid gas, for patients who suffer from chronic weakness and inflammation of the air passages.

Dr. Meyhoffer in his admirable work on the "Chronic Diseases of the Organs of Respiration," tells us that at the baths at Oeynhausen "the temperature of the spring is 89° Fah. and can therefore be used without artificial heating. This has the advantage that the great quantity of carbonic acid (11 inches in 18 ounces of water) contained in the water is retained in its largest proportion; that a constant current can be easily maintained in the bath, and around the patient, so favourable to setting free the carbonic acid, which collects in numberless bubbles on the skin, and produces a tingling sensation (at first far from pleasant), thus increasing in no small degree the action of the bath. Thirdly, Oeynhausen is furnished with a room for inhalation, the atmosphere of which is not only impregnated with chlorides, but also contains a considerable proportion of carbonic acid.

When there is congestion of the liver accompanying the throat affection, the Kissingen waters taken internally will prove of service. We may mention the baths of Cannstadt, Carlsbad, Marienbad, in Germany, besides those already spoken of, together with the springs at Cauterets, Luchon, and Eaux Bonnes in France, as worth a trial when the patient can conveniently travel, and when medicinal treatment in England has been of little avail; but if the symptoms can be recognised and cared for at an early date, our patients can visit these foreign watering places from motives of curiosity rather than with hopes of relief.

But after all, what is wanted in cases of follicular disease of the pharynx is specific treatment, and by specific treatment we mean the use of those drugs which most nearly approach in character the condition of disease—drugs which shall present in their provings an accurate picture of the symptoms of disease, reflecting as in a mirror the morbid phenomena. The drug, therefore, which most accurately covers these symptoms, will most effectually cause them to disappear—a drug whose outlines, and whose mysterious, innermost tracings correspond to the disease symptoms as faithfully as the strong outlines and the innermost delicate tracery of cross-hatching and stippling of an engraved plate correspond to the impression taken from this plate. In some drug provings we have the sharpness and the freedom of an etching, in

others there is a combination of strong outline and delicate mystery. So it is in disease, there is the strong outline of some very leading objective symptoms, and again, there is the subtler tracing of subjective phenomena. In the throats of patients suffering from follicular disease we have at one glance the bold picture of inflamed glands and irritated mucous membrane; there it is strongly marked by Nature's inflexible hand, definite, distinct.

"Can you not read it? Is it not fair writ?"

But behind all this strong painting, and yet mysteriously and indissolubly blended with it, are certain finer shades, half tints of disease, which go to make up the whole picture which men of science call follicular disease of the pharynx, and which is known to the public as "clergyman's sore throat." Such half tints are headache, dislike for food, bad nights, weariness of body, depression of mind. We shall find them all, if we only take the trouble to look for them. And if we take the trouble to hunt through our "Materia Medica," we shall also find the appropriate remedies.

## CHAPTER II.

### THE ART OF BREATHING.

TO dignify a process with the name of Art which seems to be a pure necessity of nature, is at first sight to be hypercritical, and hyperæsthetic. To breathe is to live; without fresh breath-taking we surely die. Every few seconds we are taking breath and never giving the matter a thought in health, beyond feeling that it is a sweet necessity of life and comfort. How, then, can this natural process be raised to the position of an Art, nay, a Fine Art?

Let us see.

In health and silence we breathe and take no thought of it, but as soon as we put the muscles of the body into active motion, we feel that this breath-taking is a matter for consideration. In walking fast, in running, in jumping, in lifting a heavy weight, how is it that some of us get scant of breath?

For want of physical power, and for lack of art in breath-taking.

In singing, in long-continued speaking, shortness of breath likewise results under similar conditions, viz., physical weakness and lack of Art. Let us dismiss the first, as physical weakness is rather an accident of birth and structure, and therefore less remediable; whereas lack of art flows from a lack of education, and education lies in the power of all.

The best runner is as a rule, other things being equal, the best breath-taker; the best singer, and the best speaker are likewise the most judicious breath-takers. Great runners for long distances are not of necessity great athletes, but often thin, spare people, with little to carry, with large bellows for lungs, and plenty of judgment in using them. Neither of necessity are the greatest singers of athletic build; but they have also good bellows, use them with art, and so their machinery rarely requires mending. The reverse is true of bad runners and bad singers, their bellows are always getting out of order, and requiring the services of medical or elocutionary tinker.

This, then, being the case, breath-taking is not so simple a matter as at first sight it appears to be; for as soon as any pressure is put upon the lungs in the way of general bodily or localised muscular exercise, we find that this pressure is best borne by the most intelligent and the best trained; it then becomes essentially a question of Art, a matter for thought and education.

Let us first consider the natural process in a state of health.

Why do we breathe?

I had almost said, "Because we cannot help it," and in this short answer I should partially solve the physiological problem of respiration. We breathe because the heart and brain impel us to do so, to keep the current of blood flowing evenly through the body and through the lungs. Were we not to breathe we should congest the lungs and check the heart's action.

Why do we breathe?

Because we want to change the air in our lungs. The air in our lungs can get foul, just as the air in a bedroom gets foul, for want of changing. It is not merely that the air in our lungs requires changing, but also that the blood wants purifying, and therefore to purify the air in our lungs is to purify the blood in our bodies, and so to stimulate and strengthen the whole nervous system. Bad air makes bad blood, bad blood poisons the brain, which then sends messages to the heart in a feeble fashion, and the great muscle of life becomes paralysed and dead. Therefore, to breathe is indeed to live, and to breathe bad air is to die by heart and brain.

"How do we breathe?" is the next question to be answered. We breathe by letting fresh air flow into the lungs and stale air flow out of them. We breathe by a muscular effort, an effort that has

been called into action by a nerve stimulus. No muscular effort can be possible without the nerve being awake and ready to touch the sleeping muscle. We then take in supplies of fresh air by muscular action; it is by rightly applying this muscular force, that we learn to breathe with ease and with judgment.

Here are the lungs waiting to be stocked with air, warehouses ready to be filled in basement, first or second storey; there are the cranes, pulleys and ropes, ready to do the storage. Which is the most important part of our warehouse? Which will stretch most to accommodate the goods? Why, the basement.

The bases of our lungs fill best, most easily, and the parts below the bases are most accommodating; therefore that form of breathing called by some authors the abdominal, and by others, the diaphragmatic, is the one which should be adopted for physiological reasons. The bases of the lungs rest on soft, yielding structures.

The diaphragm is a large muscle that separates the lungs from the abdominal viscera; it is, in fact, a kind of lift between the upper story of the chest and the lower story of the abdomen, but though it constantly goes below into the abdomen, it only carries the same passengers, and these are the lungs. When we take in breath, the lungs expand and down goes the diaphragm lift, with the lungs resting on the upper surface; when we let out air

from the lungs, up goes the lift and carries back its passengers quietly and with great care.

But there are other ways of breath-taking besides by the use of this muscular lift. There is the lateral or costal method, or breathing by the ribs, and there is the clavicular, or breathing by the collar bones. Now, when we mark out all these methods specially, we do a right thing, for we draw attention to the physiology of breathing, and we individualise the methods; but truly there can be no breathing by the diaphragm without some use of the ribs and the muscles that set those ribs in motion, therefore these two forms verge into each other, only with this difference, that the use of the diaphragm should be thought of first, and the use of the ribs should be an after-thought in this great art of breathing. In the effort to fill the lungs with air we find that as there is less opposition to lung expansion from below, than from the bony corset above and at the sides, therefore to breathe by the diaphragm is less fatiguing, and also allows of greater lung expansion. Can we hesitate, then, to choose it?

The breathing by clavicle or collar bone is wrong in every way, and we believe that really it is not often put into practice, for one good reason, namely, because it is a difficult method and requires great muscular effort. As the apices of the lungs are encased by unyielding upper ribs and stout muscular tissue, we can at once see that lung

expansion in this upper storey can never be great, nor easy of management; and therefore breath-taking by the collar bones should never be practised, as its results are disastrous to health and voice production. It leads to muscular strain, inartistic use of voice, weakness, and finally, perhaps to loss of voice, with irritation of pharynx, and thus to "Clergyman's Sore Throat."

Now, as we have spoken of breath-taking or inspiration, we should have a few words for breath-parting-with, or expiration. The breath-taking should be handed over to the care of the diaphragm and ribs, and therefore ribs and diaphragm should again do their service in driving out the air from the lung. Both processes require judgment. To take in breath is to provision one's self; to let out breath is to part with one's stock. Unless the lungs are well provisioned with air, we cannot carry on the business of speech or song with activity; and unless we part with our stock with judgment, our respiratory affairs become embarrassed, and in desperate cases become bankrupt.

In plain English an artist must learn to expire, to part with breath, just as much as to inspire or take in breath. His inspiration should be quietly made, without effort and without sound, almost without sign, with closed lips for speech, and with gently parted lips for song; the shape of the mouth should in the very act of singing be moulded in harmony with the vowel sounds.

The head should be erect, the muscles of the neck free, the shoulders thrown back, the chest thrown forward, and both chest and abdomen free from all restraint of tightly fitting dress. Then, as air is taken in by the nostrils, or by the open mouth, the muscles of the abdomen should relax and the speaker or singer should *almost feel* the diaphragm descending, the ribs rising, and the abdomen filling out. I say *almost feel*, he should never be painfully conscious of this act of breath-taking, as then it will at once become a forced muscular effort. Instead of a second nature, acquired by art, it will, by arresting the speaker's attention, interfere with the perfect finish of his speech or song.

The breath-taking should never be spasmodic, nor hurried. This comes of too frequent inspirations, and lack of art; this leads to the panting sounds of inelegant speakers, this brings about rapid fatigue of voice, and, sooner or later, develops the symptoms of "Clergyman's Sore Throat." The speaker or singer should regulate his inspiration according to his subject, his phrase, his power; his provision of air should neither be too scant, nor yet should it overload his lung.

In very deep and prolonged inspiration, there is a tendency to part with the air too suddenly, as the muscular power that raised the ribs is being counterbalanced by those muscles that lower the ribs, for there is a constant interchange of force

going on when breathing in and breathing out. If the act of inspiration is too prolonged, the act of expiration will be shortened; and what a speaker or singer looks for is perfect harmony of adjustment, a balance that shall never be so rudely disturbed as to interfere with the practice of his art. I feel that this point has not been sufficiently dwelt on by writers on elocution or singing.

The faults of two frequent and spasmodic inspiration have been pointed out over and over again, and the invariable lesson given has been "inspire long and deeply." A good lesson in truth, but it has its dangers, and I feel it is right to point them out. Some authors write as though all a singer or speaker has to do is to fill his lungs choke-full of air and then beautiful speech and song must of necessity flow forth. I would say, "Inspire long enough for the musical or elocutionary phrase that is to follow the breath-taking, not long enough to fatigue the lung tissue, or the inspiratory muscles." Yes, truly, "fatigue," for though the strain is but short-lived, yet, if continued, it leads to this condition.

The expiration should also be easy and without effort. When the air leaves the lung to be converted into sound, there should still be no strain, no visible effort, but the sound should flow out evenly, and without any consciousness on the artist's part of his possessing a larynx to warble through, or a pair of bellows to propel the sound. There should be

even less effort in breathing out sound than there is in breathing in air. The artist may be and must be conscious of purity of sounds, but intensity of sound must be produced without visible muscular effort. All swelling of the veins of the neck and of the forehead, and all getting red in the face, point at once to the use of clavicular breathing and lack of art in voice production.

In the ordinary silent respiration of health, wherein voice production is not required, the lungs quietly expand, the muscles of inspiration raise the ribs gently to give side play to the expanding lung, the diaphragm slowly descends, the muscles of the abdomen relax; this act is characterised by repose; when the lung is sufficiently stocked with air, the muscles that raised the ribs feel content with their silent task, and are gently reminded that the duty of lowering the ribs and expelling the refuse air belongs to another set of muscles, the expiratory muscles of the chest. Down drop the ribs in obedience to the reminder, and the exit of air from the lung is as quiet as its entrance. Thus far we have an interchange of courtesies in voiceless respiration; the bow of physiological ceremony made by one set of muscles is politely returned by the other; it is exemplary, it is dignified.

But when voice production wishes to play its part the scene is changed; breath-taking is, and should be, a quiet, gentlemanly act; but when the breath-taker wishes to convert the air stored in his

lung into musical sound or intelligent speech, then comes the tug of war; the expiratory muscles are engaged in driving out musical air, whilst the inspiratory muscles are busy in making the expulsion as slow as possible; there is a muscular antagonism going on, and this Dr. Mandl, in his interesting work "L'Hygiéne de la Voix," calls the "lutte vocale," or vocal contest.

We can see, therefore, that to make the contest as even as possible, and as little fatiguing as possible in speech or song, the abdominal breathing should be adopted, for this allows the lung to be fully expanded without laying extra stress on the intercostal muscles, and lets the shock of this "vocal contest" fall on the soft parts of the abdomen, which yield to pressure, rather than letting all the violence of the "lutte vocale" fall on the hard and less yielding structures of bony thorax.

If pressure is taken off the chest structures, other parts concerned in voice production will suffer less—as, for instance, the larynx and pharynx; there will be consequently less fatigue of voice complained of by the use of abdominal breathing, and "Clergyman's Sore Throat" may be written about but not prescribed for.

In the exclusive use of the lateral method of breathing by the help of rib movements, or of the clavicular method, *i.e.*, by the help of collar bones, we shall find the "vocal contest" will make itself severely felt, and the evil consequences of these

methods of breath-taking will be fatigue of voice, irritation of pharynx, aching of chest walls, oppression of breathing; and these several symptoms will eventually lead, if the vicious method is persevered in, to hoarseness, congestion of pharyngeal mucous membrane, glandular inflammation in the whole vocal tract, partial lung congestion, asthma, and even heart disease. Here is a sufficiently long train of ills which follow the use of badly managed respiration. With the knowledge of these facts before us, is it not wise to use this knowledge and avert the disastrous results?

An incident in the life of Talma, the great French tragedian, is worth relating: it points a moral on the art of taking breath. It is quoted from M. Legouvé's "L'Art de la Lecture," a little book, full of interest and instruction to all who value the reader's art. It is as follows: "When Talma was still a young man, he was acting in Diderot's 'Père de Famille.' After the delivery of the celebrated passage 'An income of fifteen hundred a year, and my Sophie,' he left the stage, and went behind the scenes exhausted, out of breath, and leaned against a side-scene panting like an ox. 'Idiot!' said Molé, looking at him, 'and you want to play tragedy! Come and see me to-morrow morning, and I will teach you how to personate passion, without getting out of breath.' Talma called on him; but whether the master failed in patience, or the pupil in docility, we cannot tell: at any rate, he only half profited by his lesson.

"About the same time there was an actor of the name of Dorival, a spare, weakly fellow, without any power of voice, yet nevertheless he played tragedy with a certain amount of success. 'How can the wretch do it?' said Talma. 'I am ten times as strong as he is, and yet he tires himself ten times as little as I do. I will ask him his secret.' Dorival put off the request with this gently sarcastic reply, which, by the way, smacked somewhat of jealousy: 'You are so successful, M. Talma, that you do not require any lessons.' 'I will make you give me some, for all that,' whispered Talma to himself.

"One day as Dorival was playing Châtillon in Zaïre, the young man (Talma) hid himself—where do you think?—in the prompter's box, so as to see and hear, unobserved. There, crouched in obscurity, like a beast of prey in its den, he watched every movement, took note of it, looked, listened, and, after the famous declamatory speech in the second act, left the box, exclaiming, 'I have it, I have nailed him.' (Je l'ai pincé.')

"What had he discovered? That Dorival's whole art consisted in a certain talent for taking breath. In what did this consist? In taking breath before the lungs are completely emptied of air (I copy one of Talma's own notes); and, to prevent the public from noticing these frequent inspirations, which would have marred the even tenor of his speech, and arrested the current of his emotion, he made use of them especially before the A, the E, and the

O sounds, that is to say, at the time when, his mouth being open, he was able to breathe lightly, without the audience perceiving it.

"We see what an important part respiration plays in the art of speaking. Its rules are the only ones which should never be violated. The actor, once launched forth in a passage full of movement, carried away by emotion, by anger, by tears, may forget the laws of punctuation, set aside full stops and commas, but he must always be master of his breath, even at the very time when he seems to lose it. A good actor has no right to be out of breath except for dramatic effect. Talma had reduced all these rules to one emphatic maxim, 'The artist who fatigues himself is but an indifferent artist.'"

## CHAPTER III.

### Hygiene of Voice.

TAKING a broad view of hygiene of the voice, I would say that the more the throat is coddled the more tender will it be. The throat, after all, is but a part of the whole human economy, and if we coddle the whole body, the throat must share in this weakening influence. I would advise all speakers, therefore, who are in a good state of health, to take daily exercise in the fresh air; but in winter, when the wind is cold or boisterous, I would not advise them to go shouting their conversation to a friend in the racket of a London street; nor, again, would I advise any reader, preacher, or singer to carry on an animated conversation in a railway carriage on the day that his vocal services must be required of him. Any undue strain laid on the muscles of speech will irritate the throat and destroy the finer quality of voice-tone.

Therefore, daily exercise of the whole body in the open air is necessary when the bodily health is good, but undue vocal exercise in the cold winter

air is anything but good. Demosthenes might thunder against the thundering sea, but his case is in every way exceptional. A modern competition with the discords of a railway train is ruinous to the voice.

Mr. Lunn, in his work "The Philosophy of the Voice," speaks of the altered character of voice induced by this competition with street sounds.

He says that "the sharp thin sound of the 'cockney' dialect is the inevitable result of a forced power, generated falsely. The constant noise of traffic compels in speech a sharp, clear sound, and, given the induced debility of the attracting muscles, this is brought about by lessening the size of the passage above the organ of voice, thereby decreasing the volume, but, by constriction, gaining in power. And it may be noted that a sort of opposite to this is shown in the dialect of the 'Black Country;' this dialect opens the sound, hence the credit of the Birmingham choir for 'volume.' Moreover, there is a class of men who seem especially to suffer from their attempts to create power falsely, so much so, that the result upon themselves has given the name of 'The Clergyman's Sore Throat' to the disease. Of course, all those who of necessity use the voice much, thereby cause a greater flow of blood to the parts, and the parts being exposed would be more liable to be affected by sudden change of temperature, or by dampness, than the same parts of those not so speaking. But this fact of itself will not

account for the disease, for it has been observed that those who can produce true tone do not suffer therefrom; the 'better'-ness is the result of principle, not of practice; and one who starts falsely only becomes more astray by his continuous false use. So far as this disease is concerned, the first prompting cause is the substitution of constriction at the fauces for the true obstruction at the cords. A tightness is felt just under the jaws; and in a little while the speaker complains of his throat 'aching.' This substituted power presents in its attainments the whole mucous membrane lining the parts above the organ of voice to a constant irritating process, which, gradually producing a chronic inflammation, may extend downward to the organ of voice itself."

Though I advise open air exercise for all who make professional use of the voice, yet I must give one word of caution. Care must be taken to protect the throat against the evil influences of cold air immediately after the prolonged use of the voice —whether this has been in the pulpit, concert room or court of justice—for the throat is then in a state of temporary congestion, and therefore in a most impressionable condition.

By wrapping a silk handkerchief round the neck, putting on a comfortable great coat, and breathing through the nose whilst leaving a warm room or church for the cold outer air, speakers and singers will be enabled to set cold air at defiance.

Now the beard has been often called "nature's

respirator;" let us include in the beard the moustache likewise. I cannot help thinking that too much importance has been attached to these appendages as respirators, and too little given to that common respirator of the human race, the nose. The beard is an accident of sex, nay it is an accident of individual capacity for hair growing, but nature has been generous enough to give all her children a nose.

The nose, then, being a common gift to all the human race, must serve some good purpose; it was not made for purely ornamental conditions; it certainly was not made to give a stimulus to commerce by promoting the manufacture of pocket handkerchiefs, for these were not in general use before the seventeenth century; and before that period it was considered an indelicacy on the part of actresses to use them on the stage. Now-a-days no actress can play a perfect part in comedy, tragedy, or melodrama without the artistic use of the handkerchief. Consequently, noses were not created for the delicate manœuvres of this outcome of civilisation, any more than hands were created for "the skilled conduct of a clouded cane."

The nose, in addition to its capacities as an organ of smell, was given us to breathe through, both for taking in and for letting out air; it warms cold air, it purifies doubtful air, and this is all we can expect or hope from the respirator. Let us, then, cultivate the art of breathing through the nose, and let us not trust too much to the warming and purifying

properties of the beard and moustache, for some of the most divine catarrhs may be caught by talking in the cold air, though the speaker may possess both patriarchal beard and drooping moustache.

I do not advise everybody to cut off his beard, but to remember that its function is to warm the throat and chin as a comforter would, and thus to prevent toothache and neuralgia, and also to help in keeping off cold from the outside coverings of the larynx, and so, conjointly with the nose, to protect the speaker from the danger of internal chill.

As to the advisability of using any respirator besides the nose, we are in favour of Jeffrey's idea, for one good reason, that in spite of all the suggestions given by medical men, the public are so wilful and wrong-headed that they will rather pay money for a most ingenious instrument than follow out a simple direction founded on the rules of physiology, and which is so simple that it costs nothing.

And, also, for another reason.

When patients suffering from throat or chest weakness go out for their daily exercise they are not happy in silence, and then the respirator allows safe conversation. Moreover, when the weather is very keen, cold air will travel down the throat and irritate the lung. The ori-nasal respirator will then protect both passages.

One of the neatest and cleanest little instruments I have seen is that which has been introduced by Mr. Wordsworth, of Sloane Street, and called by

him a "Patent Washable Respirator," composed of vulcanite and ivory. Cotton wool can be introduced between the plates of which it is composed, and the wool can be medicated with various antiseptics. It takes to pieces, and therefore the cotton wool can be renewed at any time, and the respirator itself be thoroughly cleaned after use; a point of some importance when the respirator has been used by a patient suffering from a good deal of purulent expectoration.

The fault of all respirators is that they oblige the wearer to breathe a certain amount of impure air, air that has already been breathed, and is charged with carbonic acid gas, and animal impurities.

Mr. Lennox Browne's "Respirator Veil," now manufactured by Messrs. Marshall and Snelgrove, is ingenious; it is also elegant. This combination of ingenuity and elegance must at once commend itself to the members of the fair sex, for are they not themselves examples of these combined forces? It is made of an ordinary piece of blonde, and is about twelve inches deep; on the lower four inches a double thickness of silk gossamer is firmly attached. Such a veil protects the mouth, the nose, the ears; and any objection to the silk becoming moist by the breath is met by adding a piece of very thin wire gauze over the part that covers the mouth and nose; and the further objection of its being liable to be raised by the wind, and so let in

a current of cold air, is simply met by adding a piece of elastic tied to the lower hem.

The question as to the advisability of giving alcohol in cases of follicular disease of the throat, is one soon answered. The less the better. When patients feel low and wretched, it is perhaps natural that they should find a certain fugitive comfort in a glass of wine or a bottle of beer. When their friends notice their weariness, it is natural enough for those friends who are alcoholic in their tendencies to prescribe "two or three good glasses of port a day," or "a stiff tumbler of toddy" at bedtime; but I must say once and for all, that the port, the toddy, and the bottled ale will only keep up the throat irritation and make the patient more wretched than ever.

Alcohol is almost a medicine, and therefore should be prescribed with medical judgment, and not taken according to the varying caprice of the patient, or the well meaning but injudicious advice of the patient's friends.

I said once before in my work on "Headaches,"* so again say I here, the lighter the wine the better will be the result for both healthy and sick.

The only wines that I would allow in these cases of follicular disease of the throat would be the light wines of Germany, France, and Hungary, and even these should be mixed with water, for I regret

* Headaches, their Causes and Treatment. Second Edition. E. Gould & Son, 59, Moorgate Street, London, E.C.

to find that many of them are not now sold in England in that state of light purity which gives them half their charm and all their value.

For those artists of the voice to whom health and strength are life and everything, I would repeat, "The less alcohol you take the better." The better will be your health, the better your strength, the better your voice, the better your happiness, and the better your income. Alcoholic drinks only heat and irritate the mucous membrane of the throat, and when taken on an empty stomach their powers of irritation are increased tenfold.

We have only to call a cab in a London street, and we are at once familiar with the peculiar voice, whose huskiness tells of gin sipping and whisky nipping and brandy drinking at all hours of the day and night. The owner of the voice is not an artist, neither does he understand the first principles of hygiene, so he drinks spirits to keep out the cold, and talks to his comrades in a constrained, throaty fashion. He has his form of "Clergyman's Sore Throat" to be sure, and the east wind that comes tearing up the Thames, over Waterloo, Westminster, or Blackfriars' bridge, helps to give his pharynx an unkindly touch, a pharynx which the cold winds have injured, which whisky has ruined, and for which drugs vouchsafe but slender help.

I am sure that neither the clerical nor the dramatic profession would care to adopt the cab-man's delivery; but it can be easily acquired by

catching constant colds and believing in neat spirits as a voice medicine.

Amongst curiosities of the history of the stage are those which refer to the wayward fancies of singers for particular drinks, or various dainty morsels which in their judgment seem almost necessities for the practice of their art. I will take note of some of these fancies; my information is taken from Dr. Mandl's "Hygiène de la Voix," who himself quotes from an article in the Pall Mall Gazette (1869).

We learn that the Swedish tenor, Labatt, is in the habit of eating a couple of salted cucumbers before appearing on the stage, as he looks upon this vegetable as a sovereign remedy for strengthening the voice. Sontheim, on the other hand, contents himself with a pinch of snuff, and a glass of lemonade. The tenor, Wachtel, takes a voice softener in the shape of an egg beaten up with a little sugar. Walter drinks *café noir*. Niemann sips champagne; he loves the froth of the "lily on liquid roses floating." Tichatcheck, the unpronounceable, warms his throat and courage with mulled claret. The tenor, Ferenczy, smokes a couple of cigars, in spite of the counsels of his more judicious colleagues.

Madlle. Braun-Brini adapts her fluids to the progress of the play, for she tosses off a glass of beer after the first act, after the third and fourth acts she drinks *café au lait*, and when she is going to

sing the great duet, in the fourth act of the Huguenots, as goddess of the art of song, she demands a bottle of *Moët Rose*, as a libation. We must admit that this libation is preferable and more epicurean than Sontheim's pinch of snuff, or Labatt's salted cucumbers.

From the luxury of *Moët Rose* we come to Nauchbaur's simplicity of sucking bon-bons, and the baritone Beck's severity of taking nothing at all, either liquid or solid, and of preserving a religious silence during the time of his performance.

In reading of the female celebrities, we hear moreover, that Madame Sontag used to take sardines between the acts; Madame Desparre soothed her throat with plain warm water, a kind of fomentation, in fact. Madame Cruvelli tickled her palate with a mixture of claret and champagne; whilst Madame Nilsson thirsts for a glass of beer, and Adelina Patti is grateful for a bottle of seltzer-water. Madame Cabel displays a penchant for pears, Ugaldi for plums, and Trebelli-Bettini for strawberries.

Madame Borghi-Mamo is lost without a pinch of snuff, and Madame Dorus-Gras used, between the acts, to eat sandwiches, which she brought with her to the opera house in a little tin box. This little tin box was a source of great annoyance to M. Duponchel, the stage manager, who exclaimed one day, "Oh! if she would but eat out of chased silver." But she wouldn't.

And finally we learn that Malibran used to take supper in her box about half an hour before coming on the stage. Dressed in the costume of Desdemona she ate mutton cutlets, and almost invariably washed them down with half a bottle of Sauterne. This was generally followed by smoking a cigarette, which was only tossed aside just before her appearance on the stage. A singer who could defy indigestion and sore throat in this fashion ought to have lived to a hundred.

Whilst on the subject of these various voice restorers which public singers make use of, and consequently believe in, I will offer my own suggestions on this head; and I am inclined to think that the less a singer takes to stimulate his voice the better. Strong pepper inflames the throat when first taken, and afterwards relaxes it; and here I differ entirely with Mr. Spurgeon's advice on the subject. He advises his students to shake the pepper pot freely over their soup when they want a good mainstay to the voice. Mr. Spurgeon's own remarks are generally so well seasoned, that I scarcely think they require any help from the cruet-stand. Astringents dry the mucous membrane of the throat, whereas this membrane to be healthy should be moist. Alcohol first heats the throat, and afterwards relaxes it.

Therefore tannin or cayenne lozenges should be avoided, and strongly brandied wines forsworn.

What have we left to refresh the voice with? say the thirsty and tired singers.

Very little, say I, for very little is required.

Slightly acidulated drinks, very weak claret and water, soda water, beef tea, barley water, raw eggs, warm milk and water, linseed tea, and toast water. But all these must be taken in moderation, sip by sip, and held in the mouth for a few seconds before being swallowed.

Singers may be allowed to suck a simple glycerine lozenge; or, still better, one with gum arabic for a base; and as voice fatigue is muscular fatigue, if the lozenges are medicated with Arnica they will give a little extra help in a simple form.

If the throat is very dry after singing in opera, a gargle of Arnicated water will often greatly refresh the throat, and just rinsing the mouth out with cold Arnicated water will remove the sense of thirst which a singer or speaker feels after a long and trying part.

The thirst is really local, and due to the mucous membrane having been stimulated by vocal exercise; a local douching, therefore, is generally all that is required.

The great advantage of mucilaginous drinks is, that being of greater consistence than plain water, they cling to the pharynx and soothe it, as a poultice soothes an inflamed limb; and at the same time they give back some of the moisture which the throat has lost by vocal exercise.

Let us recollect, then, that strong pepper bites and inflames, that alcohol inflames and relaxes,

that astringents parch and dry, and that iced drinks only cool for a few moments but congest for some hours afterwards.

Now, in this chapter on Hygiene of the Voice, I must give one piece of advice which is more valuable than all the drugs whose names and whose properties I may mention.

The advice is as follows:—*Whenever the voice is tired, give it rest; when the body is tired do not use the voice.*

When the voice is tired, it has done too much work; the nerves say, "give us peace," the muscles echo "peace." It is but cruelty to goad these on to further efforts, and if we do, then we shall suffer, as surely as Tuesday follows Monday. Nature will have her revenge, she will not let the laws of health be violated with impunity.

I said, whenever the voice is tired, we should give it rest; better still, before it is tired, if this is possible, and it is possible when we are simply exercising it in a quiet room at home; we shall, by so doing, avoid a fatigue that in the pulpit or on the stage would be as mortifying as it is harmful to voice and reputation.

Rest is a haven for which we must steer, rest is the first medicine we must think of, rest is the true medicine that nature will offer us, and rest is the only medicine that we can take in full doses without injury. Many a voice has been ruined for want of this medicine being taken early.

And when there is the slightest probability of a chill having been taken, I would advise rest for the voice; a cold taken in time, and treated with warmth and Aconite, will soon disappear. The same cold left to take care of itself, may cause inflammation of the throat, and throw the speaker or singer out of work for weeks.

When there is congestion of the pharynx from chill, the wet compress to the throat, a warm atmosphere and Aconite will be the best prescription.

Taking little sips of cold water during a vocal performance, and gargling the throat with lukewarm Arnicated water, is far preferable to recruiting one's strength with strong drink, or sucking hot lozenges, that burn the throat but do not relieve it.

If the singer or speaker should feel faint or empty after his exertions, and we must recollect that to conduct a long service, or to play a leading dramatic part demands exertion, I would then advise the use of a little plain beef tea; it is better when taken cold, and in little sips, not in large draughts. Mr. Gladstone, in a letter which he did me the honour to address me, gives his own experience, which is as follows:—"No part of the work," writes Mr. Gladstone, "surprised me more than your account of the various expedients resorted to by eminent singers. There, if anywhere, one might have anticipated something like a fixed tradition. But it seems we have learned nothing from

experience, and I can myself testify that even in this matter fashion prevails. Within my recollection, an orange, or more than one, was alone, as a rule, resorted to by members of Parliament requiring aid. Now it is never used. When I have very lengthened statements to make, I have used what is called egg-flip—a glass of sherry beaten up with an egg. I think it excellent, but I have more faith in the egg than the alcohol. I never think of employing it unless on rare occasions when I have expected to go much beyond an hour."

The late Charles Dickens, according to Mr. Forster, used to partake, in the intervals of his reading, of a dozen oysters and a glass of champagne.

The experience of Mr. Sims Reeves on this point is well worth taking note of. In a letter written to Mr. Lennox Browne on the subject of alcoholic stimulants, he says—"By long experience I find it much better to do without them entirely. A glycerine lozenge is preferable; on very rare occasions a small quantity of claret and water may be necessary; but all alcoholic stimulants are detrimental. I formerly, and for many years, used beef tea, but it was too heavy. If one could limit oneself to a table-spoonful at a time, the latter might be the best; but a large draught clogs the throat, and produces more saliva than is necessary, and induces the desire to swallow too often."

I can confirm these words in my own elocutionary experience. I have found at times that

nothing was so troublesome as excess of saliva; it will flow suddenly after a long draught of water even, and interfere sadly with the reliability of one's voice. A phrase that has many a half tone in it, may be spoiled by the sudden desire to swallow an untimely mouthful of saliva, which is quite unnecessary for speech or digestion.

When giving a series of readings, I myself prefer to abstain from fluid of any kind until my work is over, and then a few mouthfuls of cold water will quench all my thirst, and cool my throat sufficiently until supper time.

Now, suppers are bones of contention. I must be allowed to have my growl over them. Some medical men condemn this meal altogether; others apologize for its appearance as something pleasant but wrong; and a very few advocate its being taken. To this intelligent minority I have the honour to belong.

First of all, the term supper has had a bad name, and consequently has been branded with infamy. It has been associated with certain elegant but loose suppers of various periods of French history. "We are all princes or poets," said Voltaire, one night at a *petit souper*, in Paris. In some people's eyes, everything French is loose, though it may be elegant. Again, suppers have been in some minds associated with late hours, indigestible food, and excessive libations of strong drink. These may be the accidents of this unfortunate meal, but

they are not the corollaries of the diet problem.

Let us look the difficulty boldly in the face, and ask those who condemn the meal, at what time they take their dinners, and what is their occupation after dinner? The whole difficulty rests on these questions, and the solution follows their answer.

If a man dines late, say from six o'clock to seven, or later, he does not want supper; if he goes to bed at about eleven, his dinner is a supper, and a very heavy supper some people make of it. But if he dines early, from half-past one to three, by nine o'clock he is a hungry man, or if he is not, he ought to be, and therefore he wants some supper to refresh him, and to give him a good night's rest, for there is no recipe so unfailing for causing a sleepless night as an empty stomach.

Then with regard to the occupation, if a man has preached in the evening, he is hungry after his sermon, and therefore must be fed before bedtime. Or again, if he has to appear on the stage as either actor or singer he has a great tax upon his nervous and muscular system, and unless he can dine between four and five so as to be ready for his dramatic exertions between seven and eight, he will be famished before bedtime; and let him remember that to act or sing soon after a full meal, is about the worst thing for his digestion and for his art he can well desire, and for this reason, we believe, few singers and actors dine late *before* their work, but sup late *after* their work.

I therefore strongly advocate suppers for all who dine early, and who have to make much use of their voice; their nervous system requires it, and their digestion will not suffer for it, if they will only take moderate precautions in their choice of food. If however they eat too heartily or injudiciously, they are pretty sure to encourage the dramatic interests of nightmare, and in "the wee short hours ayont the twal," both player and preacher sigh for rest.

As a curious pendant to my own remarks on the dinner hour, I must quote the following paragraph from *Chambers's Journal.* It is of historic and dietetic interest.

"When travelling in little frequented parts of Germany, we often find English habits of centuries ago flourishing at the present day. Eleven and twelve o'clock are very usually the hours for dinner in all parts of that empire. In England, the court dinner hour remained at eleven from the reign of Edward IV. to that of Henry VII., but the middle and lower classes dined at nine or ten. The fashionable hour in Henry VIII.'s reign came to be twelve, when Sir Thomas More dined, and it remained fixed there for many years. It is still the working man's time, and is likely so to remain. Fashion may make laws as she will, and call meals by various names, but at mid-day most persons feel the necessity of taking food. When the dinner was eaten early in the morning, it was not always the

practice to take a previous meal, so that, in point of fact, the old dinner was a knife and fork breakfast, such as is common now on the Continent. In Cotton's *Angler*, the author says: 'My diet is a glass of ale as I am dressing, and no more till dinner.'

"In 1700 the dinner-hour had shifted to two o'clock; at that time Addison dined during the last thirty years of his life, and Pope through the whole of his. Great people dined at four as early as 1740, and Pope complains of Lady Suffolk's dining at that late hour; but in 1751 we find the Duchess of Somerset's hour was three, and we know that when the Duchess of Gordon asked Pitt to dine with her at seven, his excuse was, that he was engaged to sup with the Bishop of Winchester at that hour. In 1780 the poet Cowper speaks of four as the then fashionable time; and about 1804-5 an alteration took place at Oxford, by which those colleges that dined at three began to dine at four, and those which dined at four postponed their time to five.

"After the battle of Waterloo, six o'clock became dinner-hour. Now we have eight and nine; and the epigram tells us—

> 'The gentleman who dines the latest
> Is in our street esteemed the greatest;
> But surely greater than them all
> Is he who never dines at all.'

Within four hundred years, the dinner-time has

gradually moved through twelve hours of the day—from nine a.m. to nine p.m. Nature, however, will revenge herself on fashion, and have her own way in the long run ; for as the dinner-hour becomes gradually later, it must inevitably return to the early hours of past centuries, and the Irishman's description of his friend's habits will be literally true of us, for we shall not dine till—to-morrow."

Whilst I am speaking of suppers it will be as well to say a word about the inadvisability of using the voice soon after a hearty meal. The stomach is an organ which is capable of doing a good deal of heavy work. But to do this work properly it asks for quiet in its surroundings, like a man who shuts himself up in his study for peace and not for racket when he has a tough bit of writing or thinking to do.

And on the other hand, a singer cannot make full use of his voice when his breathing is interfered with by a loaded stomach. For when he wishes to take a full breath the diaphragm is checked in its descent to the abdomen by a plateful of food which the stomach is busy at work on. Besides this mechanical interference with proper breath taking, there is less nerve power in store for doing voice work inasmuch as it is taken up to help the digesting stomach.

A singer or speaker may enjoy a good dinner. There is no canon, moral or artistic, yet framed which shall interfere with this simple pleasure of sense. But the singer must be content to wait three or four

hours after dinner before venturing to exercise the voice in song. If there is insufficient interval between dining and singing, voice tone will not be pure, and headache and indigestion will be its unpleasant sequel.

To sing in public is a serious matter, and to digest in private is a serious matter. Some light-hearted folks treat both singing and digesting as trifles not worth consideration. With these people, to sing is just to open the mouth and utter continuous sounds, and to digest is to put a mutton chop into the stomach and let it take care of itself. But before any good singing can come about, the stomach must have done its work.

It was never intended that the voice should act as a musical instrument to cheer that busy little mill the stomach. It is a mill which prefers to work in silence.

The late Alexander Dumas in his novel "The Three Musketeers" touches on these peptic interests in the most serio-comic light. He describes an interview held between the Three Musketeers. Some short after-dinner speeches were made by two out of the three, but the third was the wisest and the most thoughtful of the trio. "He spoke not, he was digesting."

This dignified silence is worthy of all example. It reminds one of Sydney Smith's evening with Macaulay, soon after the distinguished historian's return from India. The witty preacher was asked

how he enjoyed his evening with Macaulay ; the reply was "Oh ! it was magnificent ! He treated me to some divine flashes of——silence ! "

To sum up on the dinner question. I would say to all professional singers or actors, dine three or four hours before going on the stage, and then you can sing and talk with comfort and with success.

We must not forget, that in long-continued use of the voice, as in speaking or singing, there is a large expenditure of vital force, and therefore your public speaker or singer requires to be properly fed. Let us take a hint from the birds ; their breathing machinery is very active ; their appetites are vigorous in proportion. We cannot watch a canary in its cage long without being led to one conclusion, namely, that the time which this interesting little bird does not devote to splitting our heads with its song, is taken up with the cracking, scattering, and consuming of quantities of grain, on the principle of "little and often." The curious phenomenon has, however been noted, of birds suffering from gout, chalk having been found in their limbs. Such birds have probably fed, "not wisely, but too well," and being poor little prisoners have not been able to take the proper amount of exercise their little systems require.

Let us note also the fact that birds suffer more quickly from starvation than any other citizens of our big world. There is a physiological truth in

the Danbury Newsman's remarks on the omnivorous character of a hen.

Perhaps this may be thought an unusually long paragraph on a very simple matter, but I have seen so much benefit arise from ordering patients who dine early to take suppers, and so much weakness result from people depriving themselves of this innocent, and most social of meals, that I felt it was better to give my reasons in detail for advocating suppers than to have dismissed the subject in four words, like the doctor whom Sam Weller quoted to his master, in the Fleet prison, when arguing with the patient who insisted on eating crumpets as a matter of principle. "Crumpets is wholesome," said the patient. "Crumpets is not wholesome," said the doctor. The whole quaint dialogue is to be found in the immortal pages of the Pickwick Papers.

The supper question naturally leads us to the whole question of diet. This can be simplified by saying, that when the general health is good, the digestion is good, and that therefore variety of food may be taken with impunity; but when there is the slightest derangement of health, and especially when this results from cold, clergymen, barristers, singers, and speakers must all exercise the greatest caution in diet, for the voice will at once suffer by sympathy. Those liable to gout must avoid sweet food and sweet wines. The bilious must forswear rich dishes, malt liquors and spirits. Cold pork,

cold pastry, cold veal, should never be touched by those who value the beauty of their voice, or the comforts of a peaceful night's rest. Cheese may be taken at mid-day as a *bonne bouche*, in a small fragmentary fashion, as "nubbly bits," but never before serious voice work, or late at night.

Fruits, in their season, and fresh vegetables, are good for the gouty and the bilious, but the fruits must neither be too acid nor yet over ripe, and radishes at tea time will sometimes spoil the perfect finish of "Casta Diva," and interfere with the powers of an appeal to the benevolent.

There is one article of food which I condemn most strongly for those who make artistic use of the voice, and this is the filbert or nut. Why should we rob the squirrel of his staff of life, and misappropriate it for our dessert and our dyspepsia? A singer or speaker who ventures to eat nuts an hour before addressing his audience, would be certain to, and deserve to, suffer vocal defeat. He might speak or sing with ability, nay, even with power, but the delicate tones of his voice would be lost, and his throat would be tired in half the usual time, showing how powerful is the influence of the pharynx in producing tone; for this chewed wood (nuts are nothing better than so much woody fibre) hangs about the throat, and irritates and dries it like so much saw-dust.

Let any one eat half-a-dozen filberts, nay, even three—I will turn medical cheap Jack, and come

down to one filbert—and a few minutes after let him look down his throat, he will then see it spotted over with bits of white and scraps of brown which have not gone cleanly down to their destination, the stomach. Even when fairly lodged in the stomach, they cause pangs of indigestion, and so by reflex action, irritate the throat and trouble the voice.

I have pointed out the hurtfulness of singing too soon after a meal, now I will say a word against singing when the stomach is quite empty, and the vocalist faint for lack of food.

The old proverb which tells us of the early bird being rewarded with a worm has done good in its way, by stimulating lie-a-beds to rise early, but this early rising movement has one great disadvantage, it is, that the early risers, unlike the birds, do not get their worm. They fast, for one good reason, because the servants have not prepared breakfast for them. So, for an enthusiastic young person to get up and train the voice at six o'clock in the morning, without having taken bite or sup, is misguided enthusiasm, and if persevered in will bring on headaches, indigestion, and weakness of voice.

I am delighted to find that Dr. Reclam agrees with me on this subject, and on the kindred one of the so often prescribed walk before breakfast. Here again this miserable proverb has been quoted by the physically strong, and has done mischief to

the physically weak. The birds go to bed early, and therefore they should rise early and look for their worm. In civilised life human beings go to bed late, and therefore they must rise late. The brain must have a good rest, and a singer's brain requires rest just as much as that of any other member of society. The best singers, to my idea, have the best brains; there has been too much talk of late about the mechanism of the voice, and luckless comparisons have been made between various instruments and the voice; here are the bellows, there is the pipe; here is the sounding board; there is the mouth piece. Yes, that is all very well, but no one comes along and says "Here is the brain."

That's just the organ which sets the whole machinery going. To bellow is not to sing, neither is the screaming at the top of one's voice the end and aim of a finished artist. But to think out one's ideas of a song by a great master, this is the first principle a great singer must bear in mind. The same holds good in speech, a man can only after all rise to the height of his own intellectual self. If he reads Shakespeare he can only read it well when he understands it well; so a singer can only render a song by Schubert or Mendelssohn in a masterful way when she has trained her mind as well as her voice to appreciate the greatness of the composer's work.

So I contend that every singer or speaker, who

wishes to make a mark in this great world of Art, must, before all things, train his mind as carefully as though he were going to pass a high grade examination in literature or science at one of our Universities.

*Vox et prœterea nihil.* A voice, and nothing more, can be said of many professional singers and speakers in England, and it is a thousand pities this lack of mental training should be so apparent.

I have hinted at the bad influence of acid fruits on voice production. An esteemed friend of mine, the Rev. H. H. Dobney, of Maidstone, in speaking of this influence, has told me more than once, that gooseberry, apple or rhubarb tart, if very acid (this is the cook's fault by the way), altered the character of his voice very rapidly, and that a pinch of carbonate of soda, in a little milk and water, often rectified this trouble in a few minutes. As my friend is a remarkably pure reader and preacher, his ear is keen and sensitive to detect those half tones of speech which to common-voiced people are nothing worth, and to artists are everything. The lesson again to be learned by this is, never to forget the great influence exercised by the pharynx on voice production.

A word about collars and comforters may not be quite out of season, inasmuch as fashion has laid her busy finger on these accessories to dress—at times with judgment, more often with a restless,

butterfly feeling for change, occasionally with commercial interests at heart.

Some three and twenty years ago young Englishmen restrained the free movements of their necks with stand-up collars; but the necks of "our boys" were free; their collars lay softly on their collar bones, a calm unirritating half-moon of linen. The neck being free to move, the muscles had fair play, and boyhood could bawl in full free tones. Lord Byron's collar at least involved a strict sanitary principle. Moreover, from the exposure of the neck to the open air, there was really less risk of catching cold and getting sore throat. When, however, there was an exchange made from the humility of the low-lying half-moon to the pride of the stiff linen bulwark, then an exchange was at once made from comfort to discomfort, from freedom of movement to restraint, from the ease of health to the liability of unhealth, we had almost said disease, for we must remember that Baron Larrey noted the fact, that soldiers who wear stiff unyielding stocks are very liable to swelling of the cervical glands.

However, in the winter of 1856 the position and style of the collar was destined to be changed; some half dozen young men at the University of Oxford, and another half dozen at the sister University of Cambridge were inspired with a happy thought. In this moment of inspiration they turned their collars down. During the winter

vacation fresh converts were daily made to this great movement. I am proud to state that I was one of the first to advocate its principles, and I noticed particularly that instead of catching more cold I caught less, and that my voice was stronger in consequence. This experience was the common one of all.

I say then now, after twenty-three years of experience of the turn-down collar, that it is better to keep the neck free and open from all restraint and all coddling, when in health; but cold once caught, then the catcher of cold cannot be too careful to protect himself against further hurtful influences.

If boys and men have found benefit from this exposure of the neck, girls and women should find it also, and therefore we condemn the constant use of warm boas and comforters in all weathers and under all conditions of health. In relation to the subject of throat diseases, the *Medical Examiner* remarked some time since that a great increase of throat disease has been observed among women of the upper classes during the last few years. Indeed, so common have these affections been at times that they have even been attributed to epidemic influence. It is curious, however, as our contemporary pointed out, that whilst the wealthier classes have suffered, the poor have escaped, and the hospitals have shown but a very slight increase of throat diseases. This feature has been

noticed not only in London, but also in the suburbs.

The most common form of disease is sub-acute follicular disease of the tonsils, but general congestion of the pharynx has also been very prevalent so that women speakers may have also their form of clergyman's sore throat. Not only are these affections far more common amongst women than men—amongst ladies than poor women—but it has been found that they are most frequent amongst those wearing neck furs or boas. Many cases of chronic sore throat have been permanently cured by the hardening process, but one case is sufficient as an example. The late Charles Kean was very subject to throat affections, until he took to wearing a very open collar, which exposed his neck almost to the top of the breast-bone. From that time he never suffered.

Let women protect the chest and abdomen, and keep the feet well covered with warm stockings and damp-defying boots, and they can then let the muscles of the neck feel cold air without suffering.

I would advise all singers to come, if possible, comfortably warm to their work. We know that, very often, concert rooms and their ante-chambers are cold, draughty places, and that therefore it is well for female vocalists to have a warm shawl ready to throw over their shoulders, when they wait in the ante-room before delighting an audience,

and it should also be in readiness when the song is over.

Some years ago I had the pleasure of hearing Miss Edith Wynne sing in the Maidstone Corn Exchange; it was a cold evening, and when I saw her look uneasily round at a side door and shrug her shoulders, I knew that literally there was something in the wind. The truth was that the ante-room door was provokingly ajar. Miss Wynne was singing in Oratorio, and therefore she was obliged to suffer in decorous silence. Now, I feel sure that this is by no means an uncommon experience of singers, and therefore it is wise to prepare for draughty doors and passages. In England we have not yet learned how to combine ventilation with warmth. We either blow too hot or too cold. The concert room or the drawing room may be comfortably warmed, but the ante-chambers and the passages are draughty, dreary, dismal caves for the winds to howl through. Is it wonderful that sore throat and cold lurk for their victims in these Siberian regions? and is it wonderful that they do not lurk in vain? The truth is, we require to keep the skin comfortably warm, and undoubtedly there are more colds caught by getting the surface of the body chilled than by simply breathing cold air. One instance of this surface chilling will illustrate my meaning. Some few years ago, I was sent for to see a patient who was suffering from inflammation of both lungs. I

was called in at the eleventh hour, when consolidation of the lung tissue had set in, so that the case was hopeless, and my patient died.

The fatal chill was caught during divine service. The patient had walked to church, the day was warm, he was heated by the walk; instead of sitting in his own family pew with its old-fashioned high wooden walls, he sat and leaned against a cold wall of the church. This sudden cooling of a large surface of his body brought on congestion of the lungs, of which he died.

It was a mild spring day when he received this death blow. He had breathed no icy blast from the North, but a chill had penetrated through clothing, skin, and all, to the delicate structure of the lung.

The lesson to be learned by all those who value their health and their lives, is to avoid chilling the surface of the body, and therefore to go about warmly clad.

If every attack of bronchitis or pneumonia were brought on by simply breathing cold air, Russia, Sweden, Norway, large tracts of Germany and France, Canada, and the United States, would soon be decimated of their inhabitants in the winter time.

On the other hand, when a patient has once caught cold, he should take every precaution against breathing raw cold air. This precaution is of greater importance in bronchitis than in lung inflammation.

As I am now on the subject of breathing cold air, I may mention the curious fact that a cold in the head is more often caught by coming from the cold air of a street to the warm atmosphere of a sitting room where gas, fire, and human beings are conjointly doing their best to make things snug, not to say close. This kind of cold-catching is like that which occurs on the sudden breaking up of a sharp frost, and is due to the superficial circulation in the mucous membrane of nose and eyes becoming relaxed. A singer or speaker should make gradual approach to a fireside in winter, when he has just come from the chilly air of a London street. A sip of cold water on first entering a warm room is a good preventive against nasal catarrh. The usual preliminary compliments having been exchanged between host and guest the guest may with all due modesty ask for a glass of cold water. This is, indeed, a modest request to make, when we think of "The Singer" in Goethe's splendid ballad, who asked for a bumper of the best wine in the king's cellar, which he desired to quaff in a golden beaker. But when Goethe's ministrel had finished his song he probably was offered a cupful of light Rhenish wine.

This drinking of royal wine out of a golden goblet leads me to think of the life of a professional singer. Some idealists are of opinion that it is one long summer's day. Having heard some fine music at a Floral Hall Concert they imagine

that singers have merely to open their pretty little mouths and musical sounds must of necessity flow out of them. And again, that for singers there is no winter and very little spring, and that such a prosaic matter as a cold in the head or an attack of the gout is quite unknown to them. Now public singers, both male and female, must be strong and hearty, if they wish to be successful in their art, and therefore they, of all people in the world, require to look well after their health interests. They must not be—

> "Beings all too bright and good
> For human nature's daily food,"

but made of good honest muscle and bone, with a delicate network of nervous electricity attached, ever ready to be rightly stimulated on just occasions. They should have the frame of an athlete, and the nervous sensibility of a poet; the strong physique will protect them against the dangers of chill and muscular fatigue, and a well-balanced nervous organization will refine and intellectualize every tone of their voices.

But we must have in singer or speaker a state of robust health as a ground work for all artistic success, health for training the voice, health for professional work, health for keeping the voice as a graceful ornament in advanced age, when a life's hard work has earned its evening's holiday.

For professional singers have plenty of hard work before them, if they are ambitious of winning

the highest honours, and a languid public that applauds with two fingers of its gloved hands can never appreciate the value of that pure tone or that elegant phrasing which has stirred its indolent blood down to the gloved finger tips. The purity of tone and elegance of phrase are the result of months and years of assiduous practice.

A professional singer or speaker must therefore be healthy and strong, must be persevering in work, of a good courage, and of a refined temperament.

As an instance of the value of hard work, I must be permitted to quote from M. Legouvé's charming book, "L'Art de la Lecture" the following anecdote :—

"One day the celebrated singer Madame Malibran was singing the famous rondo from the Sonnambula. She finished her phrase with a shake on D sharp, having risen from D in the bass. She had sung three octaves.

"Had she received from nature the entire register of three octaves? No, she had acquired a part by practice.

"I remember when the concert was over some one present having expressed his admiration of this D sharp, 'Oh!' she replied gaily, 'I have tried for it enough. I have been running after it for a whole month. I have tried to catch it everywhere; when I was doing my hair, when I was dressing, and I found it one morning at the bottom of my

shoes as I was putting them on.' We see, therefore, that Art not only helps us to govern our kingdom, but also to extend it."

For Art let us read, constant, indefatigable practice.

The Tobacco question is one that requires as much consideration as the subject of suppers, alcohol, or turn-down collars. In the latter part of the 18th century a man was thought to be unsociable who refused to get intoxicated with his comrades, moderation in strong drinks being almost a social vice, and intemperance quite a virtue. So now-a-days the man who refuses to blow a friendly cloud of tobacco with his companions is almost voted a churl, and the youth who is unable to smoke cavendish without getting pale in the face, and looking about for a soft spot to lie down and die in, is hastily condemned as a milksop. This, then, being the state of affairs with regard to smoking, I feel that I shall touch on dangerous ground ; however, as I do not write for the benefit of society at large, but only for a section of society, namely, for those who make professional use of the voice, I shall enter upon the subject with a fair courage.

In the first place, let us understand that tobacco smoking is a luxury and not a necessity of civilised life. I can easily show that it is a hurtful luxury. Therefore, under these circumstances, the choice lies between indulging in a doubtful luxury, and enjoying a healthy state of vocal apparatus.

To smoke in the European fashion, is to dry the tongue, and parch the throat, to increase the flow of saliva to an unnecessary degree, and thus to weaken the gastric nerves. These are the evils of European smoking, brought about by using too strong tobacco in stale pipes, or burning the mouth with dry tobacco in short pipes and cigarettes. The strong tobacco irritates the gastric nerves, and increases the flow of saliva; the dry tobacco irritates the mouth and back of the throat.

Is this a necessary evil? I think not. If the public speaker or singer cannot live without his tobacco, and there are some who fancy they shall die without it, the remedy is simple. Avoid strong tobacco in stale pipes, and full-flavoured cigars, for these are nerve depressants; and avoid dry, chippy tobacco in short pipe, or cigarette, for this is an irritant of the mucous membrane of mouth and throat. Smoke rather a mild, delicate kind, Turkish or Latakia, in bowls to which are attached long snake-like stems, or still better, use the hookah; by means of this apparatus the drying and burning effect of light tobacco is taken away, and the nervous system does not suffer.

Medical men have taken note of a smoker's stomach-ache, and a smoker's headache. Many of us have made these provings of tobacco for ourselves. There is also a smoker's blindness, and a smoker's sore throat. How has this come about? Simply

from using too strong tobacco, in too frequent doses, and also in using too dry tobacco, burnt too close to the lips. There is the riddle simply solved.

The truth is, in this country we like everything hot and strong ; we like our fiery ports and brandied sherries in preference to the delicate wines of France or Germany ; we adore spirits ; our mustard is stronger than that of any other European nation ; our English curries are hotter than any made in India ; our English cooks empty the pepper pot into our soups ; the tobacco we smoke in England is more celebrated and more appreciated for its strength than its delicacy ; and as we are a strong nation, and take a good deal of killing, we survive all this barbarism of taste. But, nevertheless, the barbarism does happily affect some of the weaker ones, and their example gives medical men the opportunity of pointing a moral, and literary men of adorning a tale.

We are often reminded of the fact that this celebrated singer, or that great preacher, was never seen, except on the stage or in the pulpit, without a cigar in his mouth ; but these tobaccophiles had great gifts of song and speech, and their light shone clearly through their smoke, and in spite of their smoke.

Let it be granted that Mario smoked much and often, and that his voice was exquisitely pure and sweet for a long period of years ; that Malibran smoked cigarettes actually just before going on the

operatic stage and delighting an expectant audience; that Bellew smoked in his railway carriage on the days of his public readings ; but this should not for one moment make us lose sight of the fact that tobacco in full doses is a powerful irritant of the mouth and throat; and, if speakers and singers are wise, they will take it only on rare occasions, in a mild form, and through the medium of long, cooling stem, and wisely filtered by the *judicious hookah.*

Before I leave the subject of tobacco smoking, it may be worth while to note the fact, that, in addition to the various affections I have already named which are brought about by burning the "Indian Weed," there is a kind of skin disease of the tongue to which smokers are liable. It has been called Psoriasis linguæ, by Dr. Nedopil of Vienna, and has been chiefly observed in those who indulge in cigarettes ; it leads even to a form of epithelial cancer, is most intractable to treatment, and even giving up the favourite pipe, cigar, or cigarette, does not always lead the sufferer happily to a cure.

Furthermore, as confirmatory of my views on the subject of smoking dry tobacco, burnt close to the mouth, it has been noticed, that those who like a tasty morsel in the shape of a quid of tobacco, do not suffer from this intractable affection. I have learnt, on good authority, that Mr. Santley objects to smoking cigarettes; as he believes that they injure the quality of his voice. This may appear all the more remarkable to those who deny the

hurtfulness of tobacco smoking, when we remember that this singer has a powerful voice, and a naturally fine, and healthy physique. I believe that tobacco smoke is not the sole cause of mouth and throat irritation, but am of opinion that if a man burnt hay in his pipe, he would be liable to suffer as much irritation thereby as the most orthodox smoker. Have not many of us, in sweet unconsciousness, smoked a dried product of the kitchen garden, and fondly believed that it was grown under the burning sun of the West India Islands? I rather think so.

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